



CRADLE TO COAST
Tasting
Trail

Membership Application Form 2018/2019

Business Name: Phone:.....
 Contact: Mobile:.....
 Business Address: Email:

Business Description:

Please tick the membership category of your choice

- Producer \$795.00 (GST Exc)
- Associate \$375.00 (GST Exc)

Membership Fee \$
 GST \$
TOTAL \$

Payment Options:

Credit Card:

Cardholder Name:
 Card Number:
 Expiry:..... / Signature:.....

Direct Deposit:

Commonwealth Bank
 BSB: 067 400
 Account Number: 10249487
 Remittance
 Email: admin@cradlecoast.com

Cheque: Forwarded to:

Cradle Coast Authority
 PO Box 338
 Burnie Tasmania 7320

A Tax Invoice will be issued on receipt of this Cradle to Coast Tasting Trail Membership Application Form.

By agreeing to become a member of the Cradle to Coast Tasting Trail, I agree to abide by all of the Cradle to Coast Tasting Trail's policies and guidelines.

Signed:..... Date:

Name (printed):.....